

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039489

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 234

FILED OCT 24 1963

VS 300 Rev. 4/59	DATE AMENDED
1 345	
2 6364	
3	
4 0	
5 1	
6	
7 0	
8 1	
9 6/10X	
10	
11	
12 2-1	
13 50	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OR TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		c. CITY OR TOWN Union	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital		d. STREET ADDRESS (If outside, give location) 201 Springfield	
3. NAME OF DECEASED (Type or print) First WADE Middle JACKSON Last THOROUGHMAN		4. DATE OF DEATH Month Oct Day 18 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 14 Oct 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker		11. BIRTHPLACE (City and state or country) Martha'sville, No.	
13a. FATHER'S NAME Geo Thoroughman		13b. MOTHER'S MAIDEN NAME Lucy Powell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Elsie Grissum Union, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH Instant	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Underweight, Premature, Twin, Dying before		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 10/12/63 to 10/18/63 and last saw her alive on 10/19/63 Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Union Mo	
22c. DATE SIGNED 10/19/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 21 Oct 63	23c. LOCATION (City, town, or county) (State) Midlawn Memorial Gardens Union, Missouri	
24. FUNERAL DIRECTOR Stanley Meyer		25. DATE RECD. BY LOCAL REG. 10/21/63	
26. REGISTRAR'S SIGNATURE [Signature]			

OCT 29 1963

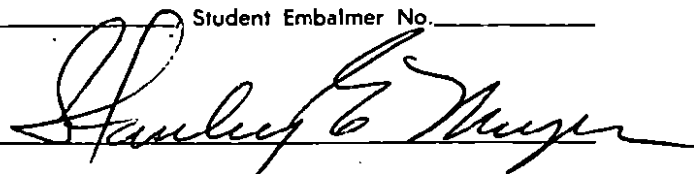
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 4639

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.